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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** *ue*
 ** 04/05/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY IA	SHEETS DRAWING 37	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 6
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ADDRESS
 22885
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TITLE
 System for patient intervention assistance and evaluation

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